

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559647

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19						
20						
21						
22						
23						
24						
25						
26		2				
27		2				
28		2				
29	1					
30						
31		2				
32		2				
33		2				
34	1					
35						
36						
37	1					
38	1					
39						
40						
41		2				
42	1					
43						
44						
45						
46						
47	1					
48						
49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.		←	16	←	16	←
TOTAL CLAIMS			17		17	